Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	0 <u>8-09-2009</u>	Address:	<u>48</u> 96 <u>S 600E</u>
Case #;	<u>34F3</u> 54 <u>87</u>		<u>Montgomery</u>
County:	<u>Daviess</u>		
Type of Laboratory Seizure (cheek one)		Seizure Location (check all that apply)	
Operation Chemica Dumpsit	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Residence			
Water Reactive Metal (Lithium):			
🔯 Anhydrous Ammonia: Woods			
☐ Hydrochloric Acid Gas Generator(s): Woods			
Corrosive Acid: House			
⊠ Corrosive Basc: Woods			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☑ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
This report is to be faxed to the following agencies that serve the location:			
Health Depa	nent: <u>Harrison TWP</u> runent: <u>Daviess County</u> tion Service:	Fax: <u>812 48</u> Fax: <u>812 25</u> Fax:	4-8673
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Qualkenbush Phone 812 482 1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.